

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 OCT 15 AM 11:52

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TAGER FOR CONGRESS

ADDRESS (number and street)

26133 US 19 NORTH

Check if different
than previously
reported. (ACC)

CLEARWATER

FL

33763-

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

000616920

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

FL

112

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

11 08 2016

in the
State of

FL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

11 08 2016

in the
State of

FL

5. Covering Period

08 11 2016

through

09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID HART

Signature of Treasurer

[Signature]

Date

10 17 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

TAGER FOR CONGRESS

Report Covering the Period:

From:

08/11/2016

To:

09/30/2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2,668.00	4,428.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2,668.00	4,428.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11,581.21	29,521.94
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11,581.21	29,521.94
8. Cash on Hand at Close of Reporting Period (from Line 27)	9,965.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	35,000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

TAGER FOR CONGRESS

Report Covering the Period:

From:

08/01/2016

To:

09/30/2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than
Political Committees
(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

2,668.00

2,668.00

4,428.00

4,428.00

2,668.00

4,428.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

11,000.00

11,000.00

35,000.00

35,000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

13,668.00

39,428.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

11,581.21

29,521.94

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS

0

0

22. **TOTAL DISBURSEMENTS**
(add Lines 17, 18, 19(c), 20(d), and 21) ►

11,581.21

29,521.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

7,818.27

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

13,668.00

25. SUBTOTAL (add Line 23 and Line 24).....

21,486.27

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

11,581.21

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

9,905.06

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hirsch, Ellie		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 3213 Wallcraft Ave		Amount of Each Receipt this Period 18.-
City Tampa	State FL Zip Code 33611	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Self	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 18.00	

Full Name (Last, First, Middle Initial) B. Hanson, James		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2016
Mailing Address 3537 Fairway Forest Drive		Amount of Each Receipt this Period 50.-
City Palm Harbor	State FL Zip Code 34685	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) C. Petchey, Dianne		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address P.O. Box 942		Amount of Each Receipt this Period 500.-
City Crystal Beach	State FL Zip Code 34681	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	568.-
TOTAL This Period (last page this line number only).....▶	

2010-10-19 00:10:07

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 2** OF
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **Sobel, Ken**

Mailing Address

626 Eunice Drive

City

Tarpon Springs

State

FL

Zip Code

34689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, , **18.00**

Date of Receipt

08 / 15 / 2016

Amount of Each Receipt this Period

, , **18.-**

Memo Item

Full Name (Last, First, Middle Initial)

B. **Watts, Richard**

Mailing Address

1300 9th Street N

City

St Petersburg FL

State

Zip Code

33705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Watts Law Firm

Occupation

Attorney

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, , **250.00**

Date of Receipt

08 / 15 / 2016

Amount of Each Receipt this Period

, , **250.-**

Memo Item

Full Name (Last, First, Middle Initial)

C. **TAGER, Heather**

Mailing Address

4204 Forster Lane

City

Tampa

State

FL

Zip Code

33762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Legal

Occupation

Attorney

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, , **100.00**

Date of Receipt

08 / 15 / 2016

Amount of Each Receipt this Period

, , **100.-**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

368.-

TOTAL This Period (last page this line number only).....▶

2015-10-10 10:00:00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE <u>3</u> OF	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial) <u>Leinick, Frank</u>		Date of Receipt <u>08/20/2016</u>
Mailing Address <u>17 Freshwater Dr.</u>		Amount of Each Receipt this Period <u>50.-</u>
City <u>Palm Harbor</u>	State <u>FL</u> Zip Code <u>34684</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Retired</u>	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>		
Election Cycle-to-Date <u>50.00</u>		

Full Name (Last, First, Middle Initial) <u>Metz, Aaron</u>		Date of Receipt <u>08/20/2016</u>
Mailing Address <u>2449 Indian trail west</u>		Amount of Each Receipt this Period <u>50.-</u>
City <u>Palm harbor</u>	State <u>FL</u> Zip Code <u>34683</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Thermal Investigators</u>	Occupation <u>Self Employed</u>	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>		
Election Cycle-to-Date <u>50.</u>		

Full Name (Last, First, Middle Initial) <u>Hart, David</u>		Date of Receipt <u>08/25/2016</u>
Mailing Address <u>13046 Race Track Road</u>		Amount of Each Receipt this Period <u>500.-</u>
City <u>Tampa</u>	State <u>FL</u> Zip Code <u>33626</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>MCC</u>	Occupation <u>Manager</u>	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>		
Election Cycle-to-Date <u>500.00</u>		

SUBTOTAL of Receipts This Page (optional).....	<u>600.-</u>
TOTAL This Period (last page this line number only).....	

ITEMIZED RECEIPTS

for each category of the
Detailed Summary Page

11a	11b	11c	11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ledbetter, Beverly

Mailing Address

12233 Victor Lane

City

Oade City

State

FL

Zip Code

33525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Teacher

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 100.00

Date of Receipt

08 / 27 / 2016

Amount of Each Receipt this Period

, 100.-

Memo Item

Full Name (Last, First, Middle Initial)

B. Venter, Alison

Mailing Address

4008 Turnstone Ct

City

FL Lauderdale

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer

State farm insure

Occupation

Insurance agent

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 100.00

Date of Receipt

08 / 30 / 2016

Amount of Each Receipt this Period

, 100.-

Memo Item

Full Name (Last, First, Middle Initial)

C. Ardis, Allan

Mailing Address

30547 Birdhawk DR

City

Westly chapel, FL

State

FL

Zip Code

33545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 5.00

Date of Receipt

08 / 30 / 2016

Amount of Each Receipt this Period

, 5.-

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

, 205.-

TOTAL This Period (last page this line number only) ▶

2016-10-10 00:10:00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

<p>Full Name (Last, First, Middle Initial) A. Klingbell, Jana</p> <p>Mailing Address 36836 Kinela Ave</p> <p>City 2ephyrhills State FL Zip Code 33542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date 18.00</p>		<p>Date of Receipt 08/30/2016</p> <p>Amount of Each Receipt this Period 18.-</p> <p>Memo Item</p>
<p>Full Name (Last, First, Middle Initial) B. Toynver, Elaine</p> <p>Mailing Address 12146 Hunters Lake DR</p> <p>City N.P.R. State FL Zip Code 34654</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date 50.00</p>		<p>Date of Receipt 08/31/2016</p> <p>Amount of Each Receipt this Period 50.-</p> <p>Memo Item</p>
<p>Full Name (Last, First, Middle Initial) C. Spears, Diana</p> <p>Mailing Address 10725 Point Overlook DR</p> <p>City clermont State FL Zip Code 34711</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation housewife</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date 20.00</p>		<p>Date of Receipt 09/01/2016</p> <p>Amount of Each Receipt this Period 20.-</p> <p>Memo Item</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>		<p>88.-</p>

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 OF	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) **TAGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) A. Castiglia, Marianne		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2016
Mailing Address 16743 Harley street		Amount of Each Receipt this Period 18.-
City Hudson,	State FL Zip Code 34667	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 18.00	

Full Name (Last, First, Middle Initial) B. Brance, Nola		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 12718 Sugar Creek Blvd		Amount of Each Receipt this Period 25.-
City Hudson	State FL Zip Code 34669	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) C. Williams, Fern		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 6144 11th St		Amount of Each Receipt this Period 36.-
City Zephyrhills	State FL Zip Code 33542	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Hospital	Occupation Nurse	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 36.00	

SUBTOTAL of Receipts This Page (optional).....▶	79.-
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF

(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Boen, Gerald

Mailing Address

1104 clippers way

City

Tarpon Springs

State

FL

Zip Code

34689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Unknown

Receipt For:

☐ Primary ☒ General
☐ Other (Specify) ▼

Election Cycle-to-Date ▼

, , 50.00

Date of Receipt

09 / 20 / 20 16

Amount of Each Receipt this Period

50.-

Memo Item

Full Name (Last, First, Middle Initial)

B. Koons, Ronald

Mailing Address

11616 Pear tree DR

City

NPR

State

FL

Zip Code

34654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Unknown

Receipt For:

☐ Primary ☒ General
☐ Other (Specify) ▼

Election Cycle-to-Date ▼

, , 25.00

Date of Receipt

09 / 20 / 20 16

Amount of Each Receipt this Period

25.-

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodriguez, Mervin

Mailing Address

11920 Hunters Lane DR

City

NPR

State

FL

Zip Code

34654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Unknown

Receipt For:

☐ Primary ☒ General
☐ Other (Specify) ▼

Election Cycle-to-Date ▼

, , 25.00

Date of Receipt

09 / 20 / 20 16

Amount of Each Receipt this Period

25.-

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

100.-

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *Tagner, Elaine*

Mailing Address

12146 Hunts Lac Rd

City

NPR

State

FL

Zip Code

34654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

unknown

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, , 5000

Date of Receipt

09 20 2016

Amount of Each Receipt this Period

, , 50.-

Memo Item

Full Name (Last, First, Middle Initial)

B. *Ko Rattle, Kathy*

Mailing Address

City

Holiday

State

FL

Zip Code

34691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

unknown

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, , 100.00

Date of Receipt

09 20 2016

Amount of Each Receipt this Period

, , 100.-

Memo Item

Full Name (Last, First, Middle Initial)

C. *Hernandez, Josephine*

Mailing Address

7821 Embassy Blvd

City

Port Ricky

State

FL

Zip Code

34668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

unknown

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, , 25.00

Date of Receipt

09 20 2016

Amount of Each Receipt this Period

, , 25.-

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

, 175.-

2016-10-10 10:00:00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 OF	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full) **TAGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) A. Ames, Judith		Date of Receipt M M / D D / Y Y Y Y 09 20 2016
Mailing Address 6507 Inwood Rd		Amount of Each Receipt this Period 30.-
City Hen Hudson	State Zip Code FL 34667	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Unknown	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date 30.00		

Full Name (Last, First, Middle Initial) B. Koons, Maggie		Date of Receipt M M / D D / Y Y Y Y 09 20 2016
Mailing Address 11616 Pearlme Rd		Amount of Each Receipt this Period 50.-
City NPR	State Zip Code FL 34654	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Unknown	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date 50.00		

Full Name (Last, First, Middle Initial) C. Morris, Gerdd		Date of Receipt M M / D D / Y Y Y Y 09 20 2016
Mailing Address 13013 Willow hwy		Amount of Each Receipt this Period 25.-
City Baymett	State Zip Code PT FL 34667	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Unknown	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date 25.00		

SUBTOTAL of Receipts This Page (optional).....	105.-
TOTAL This Period (last page this line number only).....	

2016-10-19 00:11:00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 10 OF	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) **TAGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) A. King, Patricia		Date of Receipt M M / D D / Y Y Y Y 09 20 2016
Mailing Address 4520 Mitcher Rd		Amount of Each Receipt this Period 25.00
City NPR	State Zip Code FL 34652	
FEC ID number of contributing federal political committee. C		
Name of Employer Smolsty Estate	Occupation Health care consultant	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) B. North, Judy		Date of Receipt M M / D D / Y Y Y Y 09 20 2016
Mailing Address 2902 Plantation Dr		Amount of Each Receipt this Period 25.00
City Holiday	State Zip Code FL 34691	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Unknown	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) C. H.		Date of Receipt M M / D D / Y Y Y Y 09 20 2016
Mailing Address 3145 Crenshaw Ct		Amount of Each Receipt this Period 25.00
City New Port Richey	State Zip Code FL 34655	
FEC ID number of contributing federal political committee. C		
Name of Employer Unknown	Occupation Unknown	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional)..... **75.00**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 OF	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) **TAGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) Noel, Judy		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 7935 36th Ct		Amount of Each Receipt this Period , 100.-
City N. P. R.	State FL	
Zip Code 34654		
FEC ID number of contributing federal political committee. C		
Name of Employer Med Associates		Memo Item
Occupation M.D.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ , 100.00		

Full Name (Last, First, Middle Initial) Groat, Brandi		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 9221 Cochise Lane		Amount of Each Receipt this Period , 50.-
City Port Richey	State FL	
Zip Code 34668		
FEC ID number of contributing federal political committee. C		
Name of Employer Retired		Memo Item
Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ , 50.00		

Full Name (Last, First, Middle Initial) Fatler, Anne		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 10522 Glenda Dr		Amount of Each Receipt this Period , 30.-
City Trinity	State FL	
Zip Code 34655		
FEC ID number of contributing federal political committee. C		
Name of Employer Keller Williams		Memo Item
Occupation Realtor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ , 30.00		

SUBTOTAL of Receipts This Page (optional).....	, 180.-
TOTAL This Period (last page this line number only).....	

2016-10-16 PM 10:00:00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Doff, MUSA
Mailing Address
9249 Nile Dr

City NPR State FL Zip Code 34655

FEC ID number of contributing federal political committee. C

Name of Employer Unknown Occupation Unknown

Receipt For:
☐ Primary ☒ General
☐ Other (specify) 25.00

Date of Receipt

09 20 2016

Amount of Each Receipt this Period

25.-

Memo Item

Full Name (Last, First, Middle Initial)

B. Schermar, Rick & Sherry
Mailing Address
9 Georgia Ave

City Crystal Beach State FL Zip Code 34681

FEC ID number of contributing federal political committee. C

Name of Employer Sale Occupation Harvester

Receipt For:
☐ Primary ☒ General
☐ Other (specify) 105.00

Date of Receipt

09 20 2016

Amount of Each Receipt this Period

100.-

Memo Item

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify)

Date of Receipt

09 20 2016

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

125.-

2016-10-19 00:10:00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert TAGER

Mailing Address

26133 US 19 N

City

Clearwater

State

FL

Zip Code

33763

FEC ID number of contributing
federal political committee.

C

Name of Employer

TAGER LAW

Occupation

Lawyer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

31,025.00

Date of Receipt

09/01/2016

Amount of Each Receipt this Period

7,000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Robert TAGER

Mailing Address

26133 US 19 N

City

Clearwater

State

FL

Zip Code

33763

FEC ID number of contributing
federal political committee.

C

Name of Employer

TAGER LAW

Occupation

Lawyer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35,025.00

Date of Receipt

09/30/2016

Amount of Each Receipt this Period

4,000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11,000.00

13,668.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1
17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

TAGER for Congress

Full Name (Last, First, Middle Initial)

A. Good Guy Signs

Mailing Address

1032 E Hillsborough Ave

City

Tampa

State

FL

Zip Code

33604

Purpose of Disbursement

Tard Signs, Literature

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 11 2016

Amount of Each Disbursement this Period

, 734.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Associates

Mailing Address

1042 S Southlake Drive

City

Hollywood

State

FL

Zip Code

33019

Purpose of Disbursement

Literature

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 15 2016

Amount of Each Disbursement this Period

, 561.08

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technical

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Poll

Candidate Name

Robert TAGER

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 23 2016

Amount of Each Disbursement this Period

, 590.-

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1,885.10

TOTAL This Period (last page this line number only)..... ▶

2016 10 10 00:00:00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

TAGER for Congress

Full Name (Last, First, Middle Initial)

A. Your media T.V.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

advertising

Candidate Name

Robert TAGER

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

08 23 2016

Amount of Each Disbursement this Period

370.-

Memo Item

B. Out Front media

Mailing Address

6904 Cypress Park Drive

City

State

Zip Code

Purpose of Disbursement

Billboard

Candidate Name

Robert TAGER

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

08 23 2016

Amount of Each Disbursement this Period

2,114.63

Memo Item

C. Good Guy Signs

Mailing Address

1632 E Hillsborough Ave

City

State

Zip Code

Purpose of Disbursement

Banners

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 30 2016

Amount of Each Disbursement this Period

238.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2,723.28

TOTAL This Period (last page this line number only)..... ▶

2016-10-10 00:00:00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Tager for Congress

Full Name (Last, First, Middle Initial)

A. *Bright House*

Mailing Address

233 31st Street North

City

St Petersburg FL

State

Zip Code

33713

Purpose of Disbursement

T.V. Ad

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 31 2016

Amount of Each Disbursement this Period

500.-

Memo Item

B. *Motherboard Productions*

Mailing Address

7879 15th Street North

City

St Petersburg FL

State

Zip Code

33702

Purpose of Disbursement

T.V. commercial fly & city

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

08 07 2016

Amount of Each Disbursement this Period

750.-

Memo Item

C. *Bright House*

Mailing Address

233 31st Street North

City

St Petersburg FL

State

Zip Code

33713

Purpose of Disbursement

T.V. Air Time

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 13 2016

Amount of Each Disbursement this Period

3,495.85

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

474585

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Tager for Congress

Full Name (Last, First, Middle Initial)

A. *Good Guy Signs*

Mailing Address

1032 E Hillsborough Ave

City

Tampa

State

FL

Zip Code

33604

Purpose of Disbursement

Yard Signs

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 21 2016

Amount of Each Disbursement this Period

763.98

Memo Item

B. *Motherboard Productions*

Mailing Address

7879 15th Street North

City

St Petersburg

State

FL

Zip Code

33702

Purpose of Disbursement

Commercial

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 21 2016

Amount of Each Disbursement this Period

750.-

Memo Item

C. *Humigbird Productions*

Mailing Address

1521 Graybar Lane

City

Nashville

State

TN

Zip Code

37215

Purpose of Disbursement

Publity & Proof Ready

Candidate Name

Robert Tager

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 26 2016

Amount of Each Disbursement this Period

320.-

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1,833.98

TOTAL This Period (last page this line number only).....▶

2016-10-10 PM 00:10:00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Tager for Congress

Full Name (Last, First, Middle Initial)

A. Creative Stable

Mailing Address

9120 Fort King Rd

City

Dade City

State

Zip Code

FL 33525

Purpose of Disbursement

Proof of Fund

Candidate Name

Robert TAGER

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 30 2016

Amount of Each Disbursement this Period

393-

Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

393.00

11,581.21

2016-10-10 00:10:54

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full) TAGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <u>TAGER, Robert M.</u>		<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>
Mailing Address <u>26133 US Hwy 19 N Suite 202</u>			
City <u>Clearwater</u>	State <u>FL</u>	ZIP Code <u>33763</u>	

Original Amount of Loan <u>18,000.00</u>	Cumulative Payment to Date <u>0.00</u>	Balance Outstanding at Close of This Period <u>18,000.00</u>
---------------------------------------------	-------------------------------------------	-----------------------------------------------------------------

TERMS	Date Incurred <u>05/13/2016</u>	Date Due <u>12/31/2018</u>	Interest Rate <u>0</u> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------	------------------------------------	-------------------------------	-----------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) <u>N/A</u>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) <u>N/A</u>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) <u>N/A</u>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) <u>N/A</u>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (or Total) 18,000.00

TOTALS This Period (last page in this file only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 7
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

TAGER FOR CONGRES

LOAN SOURCE Full Name (Last, First, Middle Initial)

TAGER Robert M

☐ Memo Item

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

26133 US 19

City

State

ZIP Code

Clearwater FL 33763

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6,000.00

0

6,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08 04 2016 12 31 2018

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

6,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 3 OF

FOR LINE NUMBER:
(check only one)

13a
13b

NAME OF COMMITTEE (In Full)

Tager for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

TAGER, Robert M

☐ Memo Item

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

26133 US hwy 19 N Suite 202

City

Clearwater, FL

State

ZIP Code

33763

Personal Funds

Original Amount of Loan

7,000.-

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

7,000.-

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01/01/2016 12/31/2018

0.00% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE <u>4</u> OF
FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)

Tager For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

TAGER Robert M

☐ Memo Item

Election:

☒ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

26133 US highway 17N Suite 202

City

State

ZIP Code

Clearwater

FL

33763

Personal Funds

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4,000.00

0.00

4,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09/30/2016 12/31/2018

0.00 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

400000

TOTALS This Period (last page in this line only)..... ►

3500000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-10-10 10:00:00

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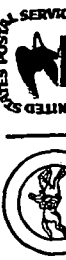


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CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
TAGER FOR CONGRESS
26133 US Hwy 19 N
Clearwater FL 33763
PHONE:
PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)
☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's Mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
☐ "Refer to USPS.com" or local Post Office for availability

TO: (PLEASE PRINT)
Federal Election Commission
999 E Street NW
Washington DC
PHONE:
ZIP + 4 (U.S. ADDRESSES ONLY)
20463

ORIGIN (POSTAL SERVICE USE ONLY)
☐ 1-Day ☐ 2-Day ☐ Military ☐ DPO
Scheduled Delivery Date (MM/DD/YYYY) 10/19/16
Postage \$22.95
Date Accepted (MM/DD/YYYY) 10/18/16
Scheduled Delivery Time ☐ 10:30 AM ☐ 3:00 PM ☐ 12:00 NOON
Insurance Fee \$ COD Fee \$
Time Accepted 12:00 PM
10:30 AM Delivery Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$
Weight 11 lbs. 11 ozs. \$ Flat Rate \$ Sunday/Holiday Premium Fee \$ Total Postage & Fees \$22.95
Acceptance Employee Initials WE
DELIVERY (POSTAL SERVICE USE ONLY)
Delivery Attempt (MM/DD/YYYY) Time ☐ AM ☐ PM Employee Signature
Delivery Attempt (MM/DD/YYYY) Time ☐ AM ☐ PM Employee Signature

For pickup or USPS Tracking[™], visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-8998 3-ADDRESSEE COPY

Federal Election Commission
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10/18/16

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Next Business Day Delivery ☐

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

PREPARER

10/19/16
DATE PREPARED

(3/2015)

2010-10-10 10:00:00